

CANUTILLO INDEPENDENT SCHOOL DISTRICT



Child Nutrition Department FIELD TRIP REQUEST FORM



Campus Name: _____

Date of Request: _____

Requestor Name: _____

Title: _____

Email: _____

Telephone: (915)877-_____

Total Adult Lunch Requested _____

Total Adult Lunch Requested _____

*Adult Lunch will contain the same 5 meal components served to students. Please pay cafeteria cashier Cost per meal: \$3.75

Field Trip request must be submitted at least 10 days in advance.

Instructions to cafeteria staff:

Principal Printed Name _____

Signature _____

Received By: _____
(Cafeteria Manager)

Date Received: _____